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CONFIRMATION NO. 2119

SERIAL NUMBER 10/663,225	FILING OR 371(c) DATE 09/16/2003 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 023691-006US
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APPLICANTS
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**** CONTINUING DATA *******
 This appln claims benefit of 60/466,313 04/29/2003 and is a CIP of 10/439,958 05/15/2003 which claims benefit of 60/383,303 05/23/2002 and claims benefit of 60/466,313 04/29/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 12/10/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 36	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions ☐ yes ☒ no ☐ Met after met

Verified and Acknowledged *[Signature]* Examiner's Signature *[Initials]*

ADDRESS
24238

TITLE
User interface for automated diagnostic hearing test

FILING FEE RECEIVED 1035	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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